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FOREIGN CORRESPONDENCE.—LETTER FROM DR. HARLAN.

[Concluded from page 176.]

Bonn is one of the neatest and most elegantly-located cities on the Rhine; its justly celebrated University, and eminent professors at various epochs attached to it, have long rendered this city a favorite resort for students of all countries. From the 13th to the 18th century Bonn was the residence of the Elector of Cologne. It contains 12,500 inhabitants, without including the students or military, amounting to 1500 or 1800 individuals. The resident palace of the former Elector is now the University, which is situated to the north of Bonn, in a village named Popplesdorf. This is associated with the Frederick William University in the city, which contains the Library, the Academic Museum, the Medico-Chirurgical Clinique, &c. Early in the morning of the 11th of October, I presented my letter to Dr. Goldfuss, and met with a most flattering reception. He allowed nothing of interest in his varied and extensive collection to escape my attention, indicating with much patience all the fossils described in his fine work. On asking when he expected to finish this task, he replied, "Probably never, as the subject appears to be inexhaustible." The professor presented me with a memoir on some curious new fossils occurring in this vicinity, which he had just published. Professor G., as well as the eminent professors of Botany and Anatomy, Treviranus and Meyer, resides in the precincts of the University. Behind Popplesdorf, upon a high hill, is an antique church, called "the Kreuzberg." I descended its vault to examine some two dozen mummified bodies of monks, some of them four centuries old. They were all habited in the costume of the period, and appeared to have died at an advanced age. These are natural mummies, or the result of simple desiccation—the skin resembling leather.

Leaving, with regret, this beautiful and classic city, and stopping at Cologne, Dusseldorf and Amheim, where the physician will meet with but little of professional interest, I arrived at Rotterdam on the 13th of October. This city is the paradise of merchants. The only object, not mercantile, in this terraqueous depot, that attracted my regard, was the bronze statue of *Erasmus*, near the Bourse; he is represented reading a book, and appears very much out of place in this most busy part of a stirring population. The figure is ten feet high; the Dutch artist was

certainly right to make the most of him, inasmuch as Erasmus is the only author of distinguished science that Rotterdam ever produced.

Monday, 14th, I took the diligence for Leyden, passing through Delft, La Haye, or Haage—the latter being the seat of the Royal residence.

I was quite charmed with my visit to Leyden. The city itself is a bijoux. The Botanic Garden—University—Museum of Nat. History—Egyptian Hall—Japanese Museum, &c., are all justly celebrated. At the Museum I met Professor Vanderhoovel, to whose politeness and hospitality I am indebted for many interesting observations on the objects contained in the Museum, &c. I observed here the finest series of large *Orangs*, that have ever been brought to Europe. Several skulls of this species are much larger than any human head. The individuals of whom they formed a part must have exceeded five feet in height. They had just received from Java a non-descript reptile, of huge dimensions for one of the order *Batrachia*, which they called “the *Salamandra Gigantea*.” The head is as broad as the human hand. It was thought to belong to my new genus “*Menopoma*,” which it closely resembled, with the exception of the absence of the opercula.

The comparative anatomy department of this museum is almost as rich and extensive as that of the Garden of Plants. In the Botanic Garden adjoining the University, I observed a tree (*Fraxinus ornus*) planted by the celebrated Dr. Boerhaave, more than a century ago, it being now 101 years since his death. It is a curious fact, that in his humoral pathology, Boerhaave was a century before his age! There is also shown here the body of an oak tree more than two feet in diameter, with a large three-pronged iron fork sticking in the middle of it. Leyden is the native city of Boerhaave, as well as of many other great men. He lies buried in the church of St. Pierre, where I observed a neat and appropriate monument erected to him. It consists of a simple square column of black marble, surmounted by a funereal urn of white Italian marble; the upper portion of the urn being surrounded with four heads in alto-relievo, representing family portraits of the grandfather, father and brothers of Boerhaave. On one side of the column is a medallion of the professor, with a seal dependant, bearing the inscription—“*Sigillum veri simplex*,” and beneath this simple motto, “*Salutifero Boerhavii genio sacrum. Ob. 1738.*”

I examined with great interest the magnificent collection of Japanese curiosities made by Dr. Seibold, during a long residence in Japan. It is doing it no more than justice to assert that it surpasses, both in extent and value, the splendid Chinese museum of Mr. Dunn, of Philadelphia. It possesses specimens of everything capable of preservation, either in art or science—including an extensive library of native manuscripts—architecture—painting—sculpture—jewelry—porcelain manufacture—drugs, and even confectionary. Scarcely less costly and extensive is the Museum of Antiquities. Egyptian—Greek—Tuscan and Roman—including Egyptian mummies of every kind in great numbers—statues—urns—frescoes—oil paintings, &c. Leyden gave birth to a number of celebrated painters, among whom were Gérard Dow, Mieris, Vanderelde, &c. Rembrandt was born in a mill in the vicinity. Lewenhoek

and Camper were also Hollanders; the former was buried in one of the churches of Delft.

I proceeded from Rotterdam to Antwerp in a Dutch steamer—as remarkable for want of speed as a Dutch diligence. But for this delay, the traveller is compensated by fine and rapid movements on the railroad from Antwerp to Brussels. This is a beautiful city; its libraries, museums, theatres, &c., render it a place of great resort. Eight or ten thousand strangers visit Brussels annually, on a pilgrimage to Waterloo, in the immediate vicinity. I enjoyed a very fine day for my excursion thither, and, from the top of the *Lion Pyramid*, erected by the Dutch and Belgians in commemoration of the brilliant victory at this place, I obtained a splendid view of the whole field of battle, and was made familiar with the details of the action, by an English guide who served under the Marquis of Anglesy, as a dragoon. I have read a very concise and apparently a very fair account of this battle, entitled “A Sketch of the Battle of Waterloo, &c. By Gen. Muffling.” The peasants had recently been digging for relics near the *Lion Pyramid*, and on Wellington’s Centre. They threw up a number of skulls, one of which, together with other relics, I appropriated to my own use. Although 24 years have already elapsed since the battle (18th of June, 1815) 5000 persons annually visit this scene of strife, death, victory and defeat. From Brussels to Paris requires only 35 hours by diligence—passing through Mons, Cambray, Lille, Valenciennes, &c.

In January last I had to make a professional visit to a friend hibernating at *Hyères*, in the south-east extremity of France, 15 miles south of Toulon, on a promontory of land projecting into the Mediterranean sea—which forms the southern aspect of the city, from which it is reflected as from a mirror—and being completely mountain locked in every other direction, it enjoys a climate of its own, completely sheltered from all northern winds. A perpetual spring here prevails; it never freezes, and may be considered a “*serre chaude*” for bipeds—the climate far surpassing, in uniformity and softness, any spot that I observed in a voyage through middle and southern Italy. In the middle of January, and when the weather was excessively cold in Paris, I enjoyed here, for several days, the genial warmth of spring, and gathered, during a walk of three hours, 17 or 18 plants in full bloom—whilst the olive, the vine and the orange trees, afford food and employment to a numerous population. One might imagine *Hyères* to have formed the original of “the happy valley of Rasselas.” It is truly the “*El Dorado*” of invalids. Some of the English have found it out, and take advantage of it; but if its climate was duly known and estimated, thousands of invalids from all countries would flock here annually. The climate is milder by 2 or 3 degrees than that of Nice, by the thermometer; but is many degrees milder, from accidental circumstances, connected with its geographical position, prevalence of winds, &c. *Hyères* is rather more than 600 miles, by direct mail route, from Paris.

On returning, I made the tour of the south of France, resting at Nîmes, Montpellier, Toulouse, Bordeaux, &c., a portion of country that well merits the title of “*La belle France*.” The antiquarian could not fail

to be delighted at Nismes, where the Roman remains are even more perfectly preserved than any in Italy. This is the most ancient settlement of France. There is a tour (the Tour Magne) yet in a tolerable state of preservation, built by the Gauls; it occupies the summit of a high hill back of the city, affording a magnificent prospect of the vicinity. A Grecian temple, called the Maison Carée, and dedicated to Caius and Lucius, the adopted grandsons of Augustus, remains almost as perfect in repair, as it is in classic proportions. The immense Roman Amphitheatre, in extent second only to the Collyseum of Rome, presents the spectator with a specimen of Roman grandeur, more perfect than any other now extant. The professional traveller will linger with great interest at Montpellier—which boasts the possession of the most distinguished medical school of the world. It is remarkable that its professors have ever been, and still continue to be, among the most eminent of men. This school was founded more than six hundred years ago, by the Arab physicians, expelled from Spain by the Moors. Interesting portraits of the early Arabian professors, together with an uninterrupted series down to the present day, are preserved in the University, in the Halle des Examinations. Among them I particularly noticed those of the original founder of the school—H. Deguintonia, in 1230. P. Laurentius, in 1514; Rondiletius, 1545; and A. Laurentius, in 1609. Also a bronze bust of Astruc. But the most highly-prized object is a bronze bust of Hippocrates, of Grecian origin, which occupies a niche above the president's chair; this is considered the most precious *monument* of antiquity. Beneath this bust is the following inscription—"Olim cœus, nunc MonsPELLIENSIS Hippocrates."

A valuable and extensive botanic garden is attached to the University, now under the direction of Professor De Lille. I here contemplated, with melancholy interest, the tomb of Narcissæ, the lamented daughter of the author of the "Night Thoughts." It occupies an obscure corner of the garden, shaded by thick foliage, in a descending path, and is designated by a plain marble slab, with this inscription—"Placendis Narcissæ manibus," without any date. A line from the Night Thoughts would have been more appropriate—"With pious sacrilege a grave I stole." The garden also contains busts, in *terra cotta*, of Rondiletius and Pellissier, formerly botanic professors.

The anatomical museum of the University contains preparations of great interest. Among them my attention was attracted to a model in wax, representing an extraordinary tumor occupying the pubis and involving the genital organs, extending to the knees. It was described by Delpech, under the name of "*Oscheo-chalasia*," and was successfully extirpated by this eminent and lamented surgeon, preserving the genitals of the patient, although these were entirely involved in this peculiar cuticular disease, which differs in its nature and appearance from any I have ever seen. This unfortunate surgeon met a premature death by the hand of an assassin, near his own door, when just about to enter the bosom of his family! The hospital where clinical lectures are delivered, numbers 800 poor beds. Professor Lallemand is one of the most distinguished authors and surgeons connected with the Univer-

sity. He was born, however, in the north of France, in Strasburg or Metz.

The remainder of this tour offers nothing of professional interest.

THE STRUCTURE, FUNCTIONS AND PATHOLOGY OF THE SPLEEN.

BY WILLIAM INGALLS, M.D., BOSTON.

[Concluded from page 176.]

SEQUELÆ.—These are, 1st. The enlargement of the spleen; 2d. Anasarca. On these subjects the following extract from *Dr. Marshall Hall's Lectures on Intermittent Fever*, it is thought, will be as acceptable to the reader as it has been interesting and instructive to me; especially with regard to the dropsy either as it arises from disease of the liver, or of the spleen.

The doctor, in speaking of the intermittent fever, says—"Perhaps the most extraordinary symptom is the *splenic* pain, tenderness and tumor. These are frequently observed in the beginning of intermittent, and in the cold stage of each paroxysm especially. After a time, this organ is apt to become permanently enlarged.

"The connection between the paroxysm of intermittent and the state of the spleen, and the effect of cinchona and arsenic, are highly interesting; and it is an equally interesting question, whether the same connection subsists in the cases of ague-like paroxysm from suppuration, stricture, or retention of the urine.

"There is a prevailing notion or suspicion, among the French physiologists, that *the source of intermittent is the spleen*. This organ becomes tender and tumid, especially in the cold stage of each paroxysm, and eventually permanently enlarged, constituting the 'ague cake' in the course of the disease, if this be protracted.

"M. Louis observes, with his wonted reserve, 'If we cannot affirm that intermittents consist in a change, more or less severe, of the spleen, because it preserves its size in the intervals, and because these fevers may be removed whilst it is undiminished, still this organ deserves great attention from those who investigate the subject of intermittents, since it is evidently affected in the commencement in many cases, and much more frequently than the 'other organs.' M. Andral asks—'What is the nature of the change experienced by the spleen in intermittent fever? Is it the cause or effect of the fever?' * * * * *

Dr. Wells observes—'Dropsy is another well-known consequence of ague. Whenever I have observed dropsy of the abdomen to arise from this cause, which, however, has not been often, swelling of the lower extremities has always preceded it. Sir John Pringle remarks that the dropsies which occurred after ague in the Netherlands, generally began at the feet and rose gradually to the belly.' M. Andral observes—'When dropsy is the result of disease of the liver, ascites almost constantly precedes the anasarca. In the patients affected with intermittent, on the contrary, the anasarca was first observed.'"—*Lancet*.

CONNECTIONS.—The spleen is connected with the cardiac extremity of the stomach by a duplicature of the peritoneum (omentum gastro-splenicum); and by a fold of the same membrane with the left pillar or crus of the diaphragm; by the splenic artery with the arterial system generally; with the stomach particularly by its branches—the gastro-epiploica sinistra and the vasa brevia; by the vein with the portal system immediately, and mediately by this vessel with the liver. The spleen with its vessels is situated in the vicinity of the stomach, duodenum, the transverse portion and the right flexure of the colon; and when these viscera, or either of them, are over-distended with feces or flatus, the spleen and its bloodvessels are compressed, and their functions interrupted. The same may occur in the scirrhus enlargement of the pancreas.

TREATMENT.—In the treatment of intermittent fever, the cinchona rubra is the remedy upon which I have usually placed the greatest reliance; and have administered it according to the directions recommended by Dr. Cullen, and generally with success. The following are cases, however, in which the bark, exhibited in the usual manner, was not attended with the usual effect.

Case I. A gentleman belonging to South Carolina, who had gone through the usual routine of practice for the intermittent fever without benefit, in the course of a journey to the north, undertaken for the recovery of his health, had consulted Drs. Rush and Physic, and followed their prescriptions without deriving from them any perceptible advantage. He was extremely emaciated; his strength much prostrated; the disease very irregular; the cold stage predominated both in severity and frequency; instead of the glow which usually precedes the sweating stage, the surface, as in the typhus, was hot and dry; the intervals between his paroxysms were very short, and of course his opportunities for rest were very precarious, and his sleep unrefreshing. In this state of the disease, he put himself under my care. At my request, he took lodgings in a boarding house near my place of residence, that I might have it in my power more conveniently to visit him repeatedly in the course of the day, with the view of determining whether either of the paroxysms happened uniformly at any particular hour. After a few days' attention, it was satisfactorily ascertained that a cold fit occurred every day at about half past five o'clock in the evening. Availing myself of the opportunity this circumstance promised of advantageously administering some remedy that hitherto had been serviceable, I commenced giving, half an hour before the recurrence of the cold fit, five drops of the liquor potassæ arsenitis; one drop to be added to each successive dose—the dose to be repeated according to circumstances. The night after the first exhibition of the arseniate of potassa he passed more comfortably than he had for a long time previous; the chills became less numerous, and by degrees disappeared altogether; in the course of a few weeks he was so far restored as to render it proper for him to return home. Twenty years after, in passing through the city, he called upon me in fine health, which he had enjoyed ever since he left Boston.

Case II. In a case where the patient, who had suffered from drop-

sical effusions in the cellular membrane and in the cavity of the peritoneum, and whose countenance was sallow and bloated, had been attacked several months before with the remittent, which, at the time I saw him, was converted into a bilious remittent fever, none of the remedies used in this disease, given in the usual form and manner, making their customary impression, the following recipe was prescribed—*R.* Pul. cinchon. rub., 3i.; rad. smilac sarsaparil., 3ii.; carb. potass., 3ss.; vini port dicti, lb.iss. *M.* A wine-glass of this compound was directed to be given every four hours, without regard to the remissions. This medicine proving beneficial, was continued until a complete cure was attained.

Case III. A patient who had labored under an intermittent of the tertian type for nine months, had been attended by a number of physicians, without deriving from their prescriptions any permanent advantage. He for months despairing of recovery, desisted altogether from the use of medicine. Bark in powder, given freely during the apyrexia, opium, and the endeavor to anticipate the hot and sweating stages by warmth excited by the conjoint action of the pediluvium, hot stimulating drinks, covering the body with extra bed-clothes and the head with a thick night cap, were tried in vain. As a dernier resort, when the precursory symptoms of a paroxysm recurred, an ox-bladder filled two-thirds full of water as hot as could be borne, was applied to the epigastric region with the best results: the paroxysm was suspended, and the bark and the influence of the climate soon restored him to health.

Case IV. Mrs. —, of a sanguine nervous temperament, æt. 50, of middling stature, and who had previously enjoyed good health, is afflicted with severe pain in her left side under the cartilages of the ribs, accompanied with a burning sensation in the stomach; these symptoms recur every day between ten and eleven o'clock in the forenoon, and continue till late in the afternoon, when they cease without any critical evacuation. In addition to these symptoms she has chilly turns; costiveness; appetite somewhat impaired; wandering pains in her chest and back; depression of spirits; the urine turbid, thick with lateritious sediment; catamenia protracted beyond the usual term. The cause of her indisposition is imputed to her exposing herself, in a state of perspiration, alternately to heat and cold, by passing frequently through a yard to a bake-house on the afternoon and evening before Thanksgiving, in November last, in preparation of the festivities of the day.

I was desired to visit her on the 7th of March, 1840;—about a month or six weeks previous to this date I had prescribed for her, at my house, with little or no relief;—I found the patient in a room excessively warm from the heat of a stove, in which she remained during the day, and retired to a cold chamber at night. This circumstance was sufficient to account for the want of efficacy in the remedies* that had been ordered. She was removed to an apartment where an uniform temperature could be preserved. After letting a few ounces of blood as a revulsive, I administered the following medicine.—*R.* Sulph. quiniæ, gr. iv.; aq., 3ii. *M.* Take a tablespoonful in a half tumbler of milk every day, an hour after breakfast. This prescription operated favorably; the

* An emetic, cathartics, dry cupping, leeches, sinapisms, vesicatories and quinine.

paroxysm returned later every day till two o'clock. Its return happening at this hour for several successive days, I directed a tablespoonful of the solution of quinine to be given in a tablespoonful of warm water at half past one; the time of its recurrence was again deferred. The paroxysms are now (March 23) shorter; the violence of the symptoms abated; urine less turbid; depression of spirits alleviated; catamenia returned; the appetite and strength improved. In the course of the exhibition of the quinine many remedies were prescribed; but as they were merely extemporaneous, the recital of them would be attended with no practical advantage.*

From the advantage derived from the use of the bark in periodical diseases, and from the impression that the present complaint might have some remote affinity with the intermittent, I was induced to employ quinine. As like effects arise from like causes, the effect produced by the quinine in this case may lead to the conclusion that this complaint is remotely allied to the intermittent; but it has been observed the spleen is situated in the vicinity of important organs; and, therefore, to render a correct diagnosis of its diseases is sometimes difficult; and in this complaint, as the nature of the urine is materially altered, the condition of the kidneys should be taken into consideration before its seat can be determined with precision.†

Uses.—The spleen is generally acknowledged to be a secretory organ; but with regard to the matter secreted, there are various opinions. Some suppose it to be destined to secrete fibrin; others the coagulating property of the blood; others the nuclei of the red globules;‡ others carbon; others that it serves for a diverticulum. In my opinion, its chief office is the secretion of the bitter principle.

This organ is considered by many to be useless, or that an animal may "live very well without it;" or the appetite is more voracious when it is removed.

Lisfranc, speaking of an accident, says—"The spleen does not seem to have been injured; we have no pain or tumefaction about that region; and as to functional symptoms, we cannot expect to have any. The spleen, you know, is not a viscus, and though it is in some way connected with digestion, its function is not known; an animal lives very well after the spleen has been removed."—*Lancet*.

On the absurdity of the opinion that the spleen is a useless organ; and that it may be removed without any material derangement of the functions of the system; we shall here introduce an account of two experiments, which *Dr. Bow on the Physiology of the Spleen*, cites from M. Dobson, to confirm his theory that this organ acts "in the capacity of a diverticulum of the nervous influence when digestion is over."

"*Experiment I.* The spleen of a dog was removed. The animal apparently suffered little pain from the operation. On the following day I gave it a quantity of food; it ate voraciously: for three hours afterwards no perceptible alteration was produced; but in four hours indications of uneasiness were observed, and the animal became restless, and

* March 31st, the patient is free from paroxysms, and sediment in the urine. † Hewson. ‡ Ibid.

at last sank into a torpid state ; it was often moaning ; the pupils were dilated, the heart laboring, there was frequent micturition, the respiration exceedingly laborious, and, in short, there was every mark of plethora, or over-fulness of the vascular system. In the course of two hours from this period the animal began to recover ; and in about three hours these symptoms had subsided ; considerable languor remained. The animal took a large meal twice or thrice in twenty-four hours, and after each meal precisely similar effects were presented. The animal became more feeble daily. In a month after the operation it died.

"*Experiment II.* I next removed the spleen from another dog, but instead of giving full meals, as in the last experiment, I gave a small quantity of food every one or two hours. The animal ate voraciously ; no unpleasant symptoms resulted. This plan was pursued for three weeks, when the animal to all appearance was quite well ; in fact, it became fat ; the ligature on the splenic artery had come away, and the wound in the abdomen was healed. I then commenced giving full meals twice in twenty-four hours ; the same train of symptoms followed each meal, and at the same period, as in the last experiment, though perhaps not so urgent. The animal died in a month from the commencement of this plan of feeding."

Is the spleen to be considered a useless organ, because an animal of the canine species can live after it has been removed ? Are the resources of nature in obviating the effects of diseased organs to be denied to have an existence, because they do not come under the cognizance of our senses, or, in the present state of our knowledge, do not admit of an explanation ? Because life can be maintained when the liver is wanting, is it a proof that this organ is of no use in the animal economy ? Is the bile not necessary to digestion because its secretion is suspended in abscesses of the liver ? There is a period in our existence when not a single organ in the three cavities, nor a bloodvessel, nor a lymphatic, nor a nerve, is developed. Hence it may be concluded, by a parity of reason, that every organ, except those that are vital, may cease to perform its function for a considerable length of time without destroying life.

REMARKS ON DISEASES OF THE PELVIC VISCERA.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE seen several cases of abscesses which formed in the appendages of the uterus, particularly in the ovaria, which were opened, and the patients recovered in all the cases I can recollect. Likewise I have been concerned in several cases of an enlargement of the uterus, which were considered scirrhus or cancerous, and of course were pronounced incurable by the attending physicians. In some of these cases the uterus was as large as in the sixth or seventh month of gestation ; exceeding hard, attended with heat, pain, hectic fever, and great emaciation ; yet these patients have often recovered. Scirrhus affections of the uterus*

* The fact would seem to be that there is an indurated state of the uterus which is not very liable to terminate in cancer ; though there are other forms of this disease which often do.

do not seem so dangerous as other scirrhusities. Several cases of dropsy of the ovaria, in which I have been concerned, have proved fatal. In this affection would it be advisable to tap and inject wine, as in hydrocele? Though I should think it more advisable to introduce a tube after tapping, and thereby excite inflammation and adhesion, as Larrey recommends in hydrocele. I think this method much more safe than to inject wine; and as likely to effect a permanent cure. Why is it that we find it so difficult to cure encysted dropsy, by internal treatment? Is it because it is in a great measure out of the course of the general circulation? In the early stage of hydrocele, I have given equal parts of digitalis, emetic tartar, and calomel, which has in several instances removed the disease. Might not a similar treatment sometimes prove successful in the early stage of ovarian dropsy? I might here state several cases of polypus of the uterus; but Dr. T. Chadbourne has treated this subject so ably that it is wholly unnecessary.

In fistula in ano I have nothing interesting to remark, save in one case where the ulcer penetrated the coats of the rectum and vagina, and had several pipes, one of which terminated in the perineum, and the others near the orifice of the vagina. The disease was of long standing; the patient was discouraged and melancholy. In the treatment of this disease I was much perplexed; to divide the coats of the rectum and vagina, and make them one cavity, was, for obvious reasons, not warrantable; and merely to palliate and let my patient sink, my conscience would not admit. I thought of making use of the method recommended by the French surgeons, viz., to introduce a lead wire; and by gradually twisting it, it would cut its way through the parts, and these being in near contact would adhere about as fast as they were divided by the wire; but my patient was of a scrofulous habit, and the ulcer was in a bad condition, which deterred me from trying the experiment at this time. After once operating by incision, however, the cure was so tedious that I prepared for the above operation; but my patient refused, so instead of laying the vagina and rectum in one, I carried the incision from the ulcer in the vagina and rectum obliquely between their coats, laterally and backwards two thirds of an inch to the right of the rectum, dividing the sphincter ani its whole width.* I apprehended great trouble, as I expected she would not be able to retain the feces; but it was not the case, though she said she could not command the involuntary discharge of air and liquid, &c., for some days. The cure in this case was extremely tedious; I salivated, made use of stimulating injections, gave balsam copaiva, quinine, iodine, &c. But her recovery was eventually perfect. She has now enjoyed good health for several years.

In the year 1825 I was called to a patient of Dr. Samuel Smith's, of Bristol, who by a fall on the stake of a hay-cart, received a wound which lacerated the rectum and bladder. The wound in the bladder was at least two inches in length; so that hay and feces passed from the rectum into the bladder. The mode of treatment in this case was to introduce a catheter of elastic gum into the bladder, and let it there

* Here the young surgeon will not misunderstand me; no portion of the vagina should by any means be divided. Of this we must be certain.

remain till the wound in it should be healed ; as the wound of the bladder did not correspond with that of the rectum when the bladder was empty, and by drawing off the water once every half hour by means of a small syringe introduced into the catheter, the bladder was kept in a collapsed state till the wound was healed, which required about one month. But after the wound was healed, another difficulty occurred, which threatened to render abortive all that had been done ; there were seeds of grass left in the bladder, which had formed nuclei for small calculi, from the size of a pigeon shot to that of a duck shot. The procedure which Dr. Smith adopted in this case was to seek for a solvent for these stones ; and he found that the marine acid, when largely diluted, was the most perfect solvent ; it dissolved all the stony part, and left them merely a soft pulp. By injecting the marine acid, properly diluted, into the bladder, and retaining it as long as could conveniently be borne, and then removing it by a small syringe, the catheter still remaining in the bladder, this difficulty was removed, and the patient finally restored to a comfortable state of health. *Query*: Why could not a treatment similar to this be adopted in the early stages of gravel ?

I have had occasion to operate in several cases of imperforate rectum, all of which proved fatal, save one ; though in every instance the child seemed much relieved by the operation.

Stricture of the Rectum.—In the year 1822 I was called, in consultation, to a case considered to be colic. The colon was swollen as large as a man's arm. The integuments of the abdomen were so extended as plainly to show the track and shape of the colon. Several strong cathartics were given, but to no effect ; the patient died about the third day. Leave being obtained, the body was examined ; but what was supposed to have been colic, was found to be a stricture of the rectum. The woman, some years prior to this illness, while walking across a rough, rocky field, fell on a stone. The blow was on the superior part of the sacrum. After this she was troubled with pain and inflammation of the part, which finally terminated in an abscess, and was discharged by the rectum. She afterwards occasionally had pain in the back, and discharges of pus per anum. But I do not know that she consulted any physician, or made use of any remedy. Nothing of this was known to any of her attending physicians till after her death. On the examination of the parts by dissection, the superior part of the rectum, for about two inches, was found to be hard and thickened, the calibre of which was so diminished that it would scarcely admit the point of the little finger ; on the superior part of this stricture, there was a fungous excrescence, which shut down and closed the stricture like a valve. Had this woman's case been known, her life doubtless might have been prolonged, and possibly the disease removed.

In another case of stricture of the rectum, in which I was called in consultation, the patient's health was much impaired ; she had hectic fever, night sweats, &c. There was ulceration of the rectum, which was fistulous, the fistula terminating in the perineum. In this case the stricture was about three inches up the rectum ; the walls of the rectum

were much thickened, rather hard and callous; and above this thickening there was a strong, tendinous band, which formed a circle, almost obliterating the calibre of the rectum. The mode of operating in this case was by introducing the fore finger of the right hand into the rectum, and penetrating the stricture (which would hardly admit of a pipe-stem) with the point of the finger, which was effected with considerable difficulty; then with the left hand a probe was introduced by the fistulous opening in the perineum, till felt in the rectum by the fore finger of the right hand; then by an assistant, a small, well-shaped director was introduced into the rectum, guided by the probe, which was still kept there, till it was felt by the fore finger of the right hand. The probe was then withdrawn; and the operator, taking the director with the thumb and fore finger of his left hand, and gently pressing its point against the point of the index finger of the right hand, and the part of the director in the left being firmly supported by bringing down its point by the fore finger of the right hand, all that portion of the rectum below the ulcer, with the stricture, was made to protrude and appear externally. The parts were now examined as they laid on the director, and the fistula and stricture freely divided: but as the coats of the rectum were much thickened, hard and callous, it was necessary to bring down other portions of the tendinous ring and divide them. A bougie of three fourths of an inch was first used, and afterwards of an inch diameter.

This mode of operating was first suggested to me by the late Dr. Nathan Smith, formerly professor of Anatomy and Surgery at Dartmouth College. But it should never be done except by very gentle means; it is much safer to push the rectum upwards than to pull it downwards. We cannot well operate in this manner more than three inches up the rectum; in the superior part it would be extremely difficult and hazardous.

Franklin, N. H., March 23d, 1840.

JOE WILSON.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, APRIL 29, 1840.

CLASS BOOK OF ANATOMY.

Mr. R. S. DAVIS has published, the past week, a fourth revised edition of the *Class Book of Anatomy*. Although originally designed for schools, where its utility has been long established, students of medicine, and even those who have no particular desire to retain anything more than an elementary knowledge of the science on which is based the practice of physic and surgery, have become its distinguished patrons. The special object of the author, when the work first appeared in 1834, is thus expressed in the preface: "Should it, in the hands of public instructors, be instrumental in explaining to the young a general knowledge of their own curious organization, it may lead to the adoption of such habits in early life as will insure health in youth and intellectual vigor in age."

An impression that anatomy should be studied, like other useful sub-

jects, as an integral part of an education, in this age, has become very general. The public mind perceives the utility of it, and hence it is no longer a matter of doubt whether an anatomical book, written on a popular plan, will succeed or not. Such assistants are called for from every section of this country where useful knowledge is appreciated.

Louisville Medical Institute.—Since the mention made, two weeks ago, of the difficulties in this institution in regard to the chair of surgery, a gentleman has narrated to us a history of the circumstances. It seems that some few students memorialized the trustees, and set forth certain grievances—if such they could be called—of very little consequence in themselves, for it seems impossible that students could be the best judges of what a professor should do in the business of public instruction. However, at this juncture, one of the faculty, whether on his own account or in behalf of others, is not precisely known, preferred a charge of incompetency against the professor of surgery.

It should be recollected that Dr. Flint, after his election, delivered one course of lectures—commencing with the organization of the Institute—to the perfect satisfaction of all who were interested in the character, usefulness and influence of the school. At least, such is the inference from the fact that he was selected, and with their free concurrence undoubtedly, to visit Europe expressly for the purpose of procuring apparatus, &c., for the newly-erected medical establishment, which was designed to be not only a powerful rival of the old Transylvania University School of Medicine at Lexington, but ultimately to become the Magnus Apollo of the West. The city of Louisville made the most liberal provisions for carrying into successful operation the great plan which had been proposed by the friends of the school. In the appointment of Dr. Flint, the citizens expressed their entire satisfaction, and when he was selected as the most suitable person to go abroad as a purchaser, with the funds generously appropriated by the City Council, not a whisper of disapprobation, as far as we can learn, was manifested. On his return, no mention is recollected to have been made of any dissatisfaction. On the contrary, the mission appears to have answered the expectations of all. But now, when the prospects of the school are in the highest degree encouraging, the phials of wrath are unexpectedly opened. Whether envy, or malice, or both, were at the bottom, we have no means of knowing. The supposition that Dr. Flint is incompetent to teach the principles and practice of operative surgery, is ridiculous in the extreme. It was an unlucky sort of offence for his persecutors to arraign him upon, as the event proved. Instead of being dismissed with dishonor, as it seems most likely his enemies had hoped, the trustees, to their lasting honor, sustained him triumphantly. Thus defeated, the aggressing party—so says report—took breath a while, and gained a little strength for a renewal of hostilities. Another meeting of the board of control was called, but the issue of their deliberations has not yet reached us.

That it has been determined upon, by somebody, that Dr. Flint shall quit the post, cannot be doubted. Whether he can be dragooned out of Kentucky, remains to be decided. In the mean time, it is desirable that the immediate friends of the doctor, which compose a respectable majority of the medical men of Louisville, in connection with the body of the people, should not commit themselves. Dr. Flint is abundantly able to sus-

tain himself against a battalion of such adversaries as now assail him. But we sincerely hope that he will not think it worth while to waste strength against such determined foes. Let the professorship go a-begging—and, in resigning, he will heap coals of fire on the heads of open enemies, who would prefer war to peace, because it is their only road to distinction.

Bowdoin College.—A catalogue of this institution shows a good number of medical students, viz., 70, which very nearly equals the patronage of some of the metropolitan schools. Medical graduates the present year, exceed those of former seasons. But as the population is rapidly increasing, it is presumed the profession is justly proportioned to the wants of the people.

Foreign Correspondence.—Dr. Harlan's communication is concluded in this number of the Journal. This gentleman, while in Europe, has certainly laid the medical press under particular obligations. Notwithstanding the multiplied demands made upon his time since his arrival in France, he has written not only long letters home, but those of a very interesting kind to the profession. It is only in this way that we can gain those minute details which unfold the true state of things in the world of science abroad. There is a vivacity in Dr. Harlan's notes, accompanied by the philosophical reflections of a critical observer. In the course of the ensuing month it is expected he will return to Philadelphia, the place of his residence.

Filling Teeth.—In an art so intimately connected with beauty, comfort and health, it is gratifying to find that in our own country, at least, so much industry and talent are enlisted. Indeed it is acknowledged that in one operation of dental surgery (the filling of teeth), much greater care is exercised, and more correct pathological principles required by scientific dentists here, than by the profession on the continent of Europe, or even in England, with some few exceptions. We allude to the removal of *all the diseased portion* of the tooth, before the filling is inserted into the cavity, instead of what we understand to be the European practice, of boring a symmetrical hole, which may or may not include all the carious parts in its neighborhood. We were led to make the foregoing remarks by observing at the late Fair at Quincy Hall, some specimens of loaded teeth, which were exceedingly well done by Dr. Hitchcock, of this city, and for which he received the premium. The extent to which disease had been allowed to progress in some of these specimens, forcibly impresses upon us the importance of early attention to what may, at a seasonable period, be most easily and effectually treated.

Mammary Abscess mistaken for Scirrhus.—The best surgeons, it must be confessed, are sometimes mistaken in the diagnosis of disease. The following is an example:—

C. C., 28 years of age, not married, perceived, about two months ago, a tumor in the left breast. She consulted M. Roux, who advised her to enter the Hotel Dieu. M. Roux examined the breast on several occasions: there was no apparent knottiness or fluctuation; the color of the skin was

normal; nevertheless M. Roux determined on operating for supposed scirrhous. Two semi-elliptical incisions, about four to five inches in length, embraced the greater part of the mamma, and the surgeon was about to extirpate the gland, when an accidental touch of the scalpel near the lowest point of the tumor, gave issue to an immense quantity of pus. The operation was, of course, suspended, and simple dressings were applied. The patient soon recovered.—*French Lancet*.

Medical Miscellany.—The number of legitimate births in Paris in 1839, was 18,237. Of the 5240 infants received in 1839 at the foundling hospital of that city, 1238 were known to be children of English parents.—The London bill of mortality for the week ending the 21st ult. was 462 males and 446 females.—We understand the number of students matriculated thus far at the Vermont Medical College, and in daily attendance, is between 70 and 80. At Castleton the class is said not to be so large.—A young lady dangerously ill at a female academy at McSherry's town, in consequence of the rapid advance of fire which ultimately destroyed the building, fled, barefooted, two hundred rods, protected only by a counterpane from the elements, but when found, she was perfectly restored to health. Therefore a fright is a remedy for disease!—A bill has been passed in the Legislature of New York, appropriating \$15,000 per annum for 20 years, from the passenger-money income at the quarantine, to extend the benefits of the New York State Hospital to the indigent.—A giant boy, who is a native of Richmond, Va., is about being exhibited. He was born in May, 1836, and is, therefore, not far from 3 years and 11 months old. He is *four feet* tall, and weighs 100 pounds, combined with the strength of a lad of 16. His voice, whiskers and physical developments are those of a man of 25 or 30, though in intellect he remains a child.—Mrs. Gove's lectures on anatomy and physiology are about being published.—Dr. Bedford is lecturing in New York before the Stuyvesant Institute, on Anatomy and Physiology.—Dr. Gross's System of Pathological Anatomy is receiving the meed of praise wherever it has been received.—Mr. Combe, the distinguished phrenological philosopher, will sail from New York next month, for Scotland, having been in the United States about two years. Those who have had the happiness to make an acquaintance with him, will not soon forget so good a man.—The Albany Medical College has undergone several changes among its professors, which we shall particularize hereafter.—We understand that Frank H. Hamilton, M.D., of Auburn, N. Y., has accepted the professorship of Surgery in the Medical Institution of Geneva College. His talents and the reputation he has acquired as a teacher of the same branch, at the Fairfield Medical College, render him a valuable acquisition to the institution.—We perceive that Part VI. of Copland's Dictionary is just published in London.

TO CORRESPONDENTS.—In addition to communications on hand, already referred to, the following have been received, and will be inserted as soon as the present crowded state of our pages will admit:—Dr. E. North on the Gastric Juice, Dr. Comstock's second case of Tetanus, Dr. Bartlett's history of the case of *Mollities Ossium*, and Dr. Glysson's case of Spinal Irritation.

Number of deaths in Boston for the week ending April 25, 36.—Males, 23—females, 14. Stillborn, 3. Of consumption, 2—scarlet fever, 6—convulsions, 1—child-bed, 1—mortification, 1—decline, 1—pleurisy, 1—infantile, 2—lung fever, 3—sifts, 3—inflammation of the bowels, 1—smallpox, 2—rash, 1—typhous fever, 1—burn, 2—dropsy on the brain, 1—suicide, 1—stoppage in the bowels, 1—scrofula, 1.

TREMONT-STREET MEDICAL SCHOOL.

The subscribers, at their private medical school in Tremont street, offer the following facilities to professional students.

A daily attendance at the Massachusetts General Hospital, and at the Eye and Ear Infirmary, with frequent opportunities of seeing cases, and surgical operations, in private practice, and in the public dispensaries. Arrangements have been made for affording obstetric practice to a considerable extent under the superintendence of the instructors.

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THEORY AND PRACTICE OF MEDICINE, CLINICAL INSTRUCTION, AND MATERIA MEDICA, under the superintendence of Dr. Bigelow.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREY'S STORER,
OLIVER W. HOLMES.

Boston, Nov. 26, 1839.

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MEDICAL TUITION.

The subscribers offer the following advantages to medical students.

Students will be allowed free access at all hours to the United States' Marine Hospital at Chelsea, and will be permitted to examine and make records of all the cases that occur there. On an average there are at least sixty patients at the institution. Dr. Stedman will make a daily morning visit, and Drs. Perry, Bowditch and Wiley will, in turn, visit two afternoons every week, from March 1st to October 31st, for the purpose of clinical observation with the students. Dr. Bowditch will deliver a course of lectures upon diseases of the chest, with especial reference to the physical signs.

In addition to the above, admission will be granted to the medical and surgical visits at the Massachusetts General Hospital; to the Infirmary for Diseases of the Lungs; to the practice of one of the Dispensary districts, and to the Smallpox Hospital. Abundant opportunities for dissections and operative surgery, and occasionally for the practice of midwifery.

Regular courses of instruction will be given as follows:—

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Jan. 25—epimeop6f	H. I. BOWDITCH,	

THOMPSON'S APPARATUS FOR THE CURE OF PROLAPSUS UTERI, &c.

In offering his instrument to the faculty, Dr. Thompson would call their attention to the following statements, and request all interested to examine the article in the hands of his agents

Extract of a letter from the late Professor Eberle, to the Hon. H. L. Ellsworth, Commissioner of Patents, &c., dated

Cincinnati, May 11, 1837.—“I have carefully examined the new Uterine Truss invented by Dr. Robert Thompson, of Columbus, in this State, and I can confidently declare, that it is unquestionably the most perfect and useful instrument of the kind, that has ever been offered to the public. It differs essentially in its construction, from the Uterine Truss contrived by Dr. Hull, and is, in all respects, a far superior instrument.”

See, also, “The Western Journal of Medical and Physical Sciences.”

Professor McClelland, of Jefferson Medical College, Philadelphia, Pa., declared, upon examining the instrument, that “every word of Dr. Eberle's opinion is true.” Professors Channing and Hayward, of Boston, expressed like opinions.

Extract of a letter from Prof. Sewall to Prof. Bigelow, dated

18th May, 1837.—“Dr. Thompson will be pleased to show you a Uterine Truss which he has invented, of very superior structure to anything we have.”

Extract of a letter from Prof. Peixotto to Dr. Thompson, dated

Columbus, Jan. 16, 1838.—“Your instrument, it appears to me, is formed on principles more enlarged, than those hitherto recommended for the same end, and mechanically different. I would cheerfully recommend its adoption by our professional brethren generally.”

For sale in Boston by Theodore Hetcalk, apothecary, No. 33 Tremont Row. Price, \$7, \$10 and \$15.

June 12—1y

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